

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 18 1953

State File No. 15954
3614
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeSoto 0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital			d. STREET ADDRESS (If rural, give location) Route 1		
3. NAME OF DECEASED (Type or Print) George		a. (First) Earl		c. (Last) McAtee	
4. DATE OF DEATH April 5, 1953		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 28, 1899		9. AGE (In years last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Worker		10b. KIND OF BUSINESS OR INDUSTRY Glass Mfg.		11. BIRTHPLACE (State or foreign country) Richwoods, Mo. U	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME George McAtee		13b. MOTHER'S MAIDEN NAME Harriet Rowe	
14. NAME OF HUSBAND OR WIFE Bertha		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 497-07-5251	
17. INFORMANT'S SIGNATURE OR NAME Bertha McAtee, DeSoto, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the lung, bronchogenic, with metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 3 months		19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X	
22. I hereby certify that I attended the deceased from 3-26-53, 19, to 4-4-53, 19, that I last saw the deceased alive on 4-4-53, 19, and that death occurred at 3:35a m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) James P. McLaughlin		23b. ADDRESS 607 N. Grand Blvd.		23c. DATE SIGNED 4-6-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-5-53		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Park	
24d. LOCATION (City, town, or county) (State) DeSoto, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mothershead		ADDRESS DeSoto, Mo.	
DATE REC'D BY LOCAL REG. APR 6 1953		REGISTRAR'S SIGNATURE [Signature]		(Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 2
1981

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Isy W Wilkinon

Licensed Embalmer No. 3576

P. O. Address St Louis Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.